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107TH CONGRESS
2D SESSION

H. R. 5187

To authorize the Health Resources and Services Administration and the National Cancer Institute to make grants for model programs to provide to individuals of health disparity populations prevention, early detection, treatment, and appropriate follow-up care services for cancer and chronic diseases, and to make grants regarding patient navigators to assist individuals of health disparity populations in receiving such services.

IN THE HOUSE OF REPRESENTATIVES

JULY 23, 2002

Mr. MENENDEZ (for himself, Ms. ROS-LEHTINEN, Mr. GREEN of Texas, Mrs. CHRISTENSEN, Mr. THOMPSON of Mississippi, Mr. DIAZ-BALART, Mr. SERRANO, Mr. SMITH of New Jersey, Ms. LEE, Mrs. JONES of Ohio, Mr. FROST, Mr. CONYERS, Ms. WOOLSEY, Mr. RODRIGUEZ, Ms. ROYBAL-ALLARD, Mr. BACA, Mr. GONZALEZ, Mr. HINOJOSA, Mr. CUMMINGS, Mr. ACEVEDO-VILÁ, Mr. PALLONE, Mr. PASTOR, Mr. UDALL of New Mexico, Mr. PASCRELL, Mr. STARK, Mr. PAYNE, Mr. BENTSEN, and Mr. ROTHMAN) introduced the following bill; which was referred to the Committee on Energy and Commerce

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A BILL

To authorize the Health Resources and Services Administration and the National Cancer Institute to make grants for model programs to provide to individuals of health disparity populations prevention, early detection, treatment, and appropriate follow-up care services for cancer and chronic diseases, and to make grants regarding patient navigators to assist individuals of health disparity populations in receiving such services.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Patient Navigator, Outreach, and Chronic Disease Prevention Act of 2002''.

SEC. 2. FINDINGS.

The Congress finds as follows:

(1) Despite notable progress in the overall health of the Nation, there are continuing disparities in the burden of illness and death experienced by African Americans, Latinos and Hispanics, Native Americans, Alaska Natives, Asian and Pacific Islanders and the poor, compared to the United States population as a whole.

(2) Many racial and ethnic minority groups suffer disproportionately from cancer. Mortality and morbidity rates remain the most important measures of the overall progress against cancer. Decreasing rates of death from cancer reflect improvements in both prevention and treatment. Among all ethnic groups in the United States, African American males have the highest overall rate of mortality from cancer. Some specific forms of cancer affect other ethnic minority communities at rates up to several times higher than the national averages (such as

stomach and liver cancers among Asian American populations, colon and rectal cancer among Alaska natives, and cervical cancer among Hispanic and Vietnamese-American women).

(3) Regions characterized by high rates of poverty also have high mortality for some forms of cancer. For example, in Appalachian Kentucky the incidence of lung cancer among white males was 127 per 100,000 in 1992, a rate higher than that for any ethnic minority group in the United States during the same period.

(4) Major disparities for other chronic diseases exist among population groups, with a disproportionate burden of death and disability from cardiovascular disease in racial and ethnic minority and low-income populations. Compared with rates for the general population, coronary heart disease mortality was 40 percent lower for Asian Americans but 40 percent higher for African-Americans.

(5) Minority populations are disproportionately impacted by diabetes and other chronic diseases. Hispanics are twice as likely to have diabetes as non-Hispanic whites; diabetes is the fourth leading cause of death among Hispanic women and elderly. African Americans are 1.7 times as likely to have di-

abetes as the general population. More than 15% of the combined populations of Native Americans and Alaska Natives have diabetes.

(6) Culturally competent approaches to chronic disease care are needed to encourage increased participation of racial and ethnic minorities and the medically underserved in chronic disease prevention, early detection and treatment programs.

SEC. 3. HRSA GRANTS FOR MODEL COMMUNITY CANCER AND CHRONIC DISEASE CARE AND PREVENTION; HRSA GRANTS FOR PATIENT NAVIGATORS.

Subpart I of part D of title III of the Public Health Service Act (42 U.S.C. 254b et seq.) is amended by adding at the end the following:

"SEC. 330I. MODEL COMMUNITY CANCER AND CHRONIC DISEASE CARE AND PREVENTION; PATIENT NAVIGATORS.

''(a) MODEL COMMUNITY CANCER AND CHRONIC DISEASE CARE AND PREVENTION.—

''(1) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, may make grants to public and nonprofit private health centers (including health centers under section 330, Indian Health

Service Centers, and rural health clinics) for the development and operation of model programs that—

"(A) provide to individuals of health disparity populations prevention, early detection, treatment, and appropriate follow-up care services for cancer and chronic diseases;

"(B) ensure that the health services are provided to such individuals in a culturally competent manner; and

"(C) assign patient navigators, in accordance with applicable criteria of the Secretary, for individuals of health disparity populations to—

"(i) accomplish, to the extent possible, the follow-up and diagnosis of an abnormal finding and the treatment and appropriate follow-up care of cancer or other chronic disease; and

"(ii) facilitate access to appropriate health care services within the health care system to ensure optimal patient utilization of such services.

"(2) OUTREACH SERVICES.—A condition for the receipt of a grant under paragraph (1) is that the applicant involved agree to provide ongoing out-

reach activities while receiving the grant, in a manner that is culturally competent for the health disparity population served by the program, to inform the public of the services of the model program under the grant. Such activities shall include facilitating access to appropriate health care services and patient navigators within the health care system to ensure optimal patient utilization of these services.

''(3) APPLICATION FOR GRANT.—A grant may be made under paragraph (1) only if an application for the grant is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

''(4) EVALUATIONS.—

''(A) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall, directly or through grants or contracts, provide for evaluations to determine which outreach activities under paragraph (2) were most effective in informing the public of the model program services and to determine the extent to which such programs were effective in providing cul-

turally competent services to the health disparity population served by the programs.

"(B) DISSEMINATION OF FINDINGS.—The Secretary shall as appropriate disseminate to public and private entities the findings made in evaluations under subparagraph (A).

"(5) COORDINATION WITH OTHER PROGRAMS.—The Secretary shall coordinate the program under this subsection with the program under subsection (b), with the program under section 417D, and to the extent practicable, with programs for prevention centers that are carried out by the Director of the Centers for Disease Control and Prevention.

"(b) PROGRAM FOR PATIENT NAVIGATORS.—

"(1) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, may make grants to public and nonprofit private health centers (including health centers under section 330, Indian Health Service Centers, and rural health clinics) for the development and operation of programs to pay the costs of such health centers in—

"(A) assigning patient navigators, in accordance with applicable criteria of the Sec-

retary, for individuals of health disparity populations for the duration of receiving health services from the health centers;

"(B) ensuring that the services provided by the patient navigators to such individuals include case management and psychosocial assessment and care or information and referral to such services;

"(C) ensuring that the patient navigators provide services to such individuals in a culturally competent manner; and

"(D) developing model practices for patient navigators, including with respect to—

"(i) coordination of health services, including psychosocial assessment and care;

"(ii) appropriate follow-up care, including psychosocial assessment and care; and

"(iii) determining coverage under health insurance and health plans for all services.

"(2) OUTREACH SERVICES.—A condition for the receipt of a grant under paragraph (1) is that the applicant involved agree to provide ongoing out-

reach activities while receiving the grant, in a manner that is culturally competent for the health disparity population served by the program, to inform the public of the services of the model program under the grant.

''(3) APPLICATION FOR GRANT.—A grant may be made under paragraph (1) only if an application for the grant is submitted to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

''(4) EVALUATIONS.—

''(A) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall, directly or through grants or contracts, provide for evaluations to determine the effects of the services of patient navigators on the individuals of health disparity populations for whom the services were provided, taking into account the matters referred to in paragraph (1)(C).

''(B) DISSEMINATION OF FINDINGS.—The Secretary shall as appropriate disseminate to

public and private entities the findings made in evaluations under subparagraph (A).

''(5) COORDINATION WITH OTHER PROGRAMS.—The Secretary shall coordinate the program under this subsection with the program under subsection (a) and with the program under section 417D.

''(c) REQUIREMENTS REGARDING FEES.—A condition for the receipt of a grant under subsection (a)(1) or (b)(1) is that the program for which the grant is made have in effect—

''(1) a schedule of fees or payments for the provision of its services that is consistent with locally prevailing rates or charges and is designed to cover its reasonable costs of operation; and

''(2) a corresponding schedule of discounts to be applied to the payment of such fees or payments, which discounts are adjusted on the basis of the ability of the patient to pay.

''(d) MODEL.—Not later than three years after the date of the enactment of this section, the Secretary shall develop a peer-reviewed model of systems for the services provided by this section. The Secretary shall update such model as may be necessary to ensure that the best practices are being utilized.

''(e) DURATION OF GRANT.—The period during which payments are made to an entity from a grant under subsection (a)(1) or (b)(1) may not exceed five years. The provision of such payments are subject to annual approval by the Secretary of the payments and subject to the availability of appropriations for the fiscal year involved to make the payments. This subsection may not be construed as establishing a limitation on the number of grants under such subsection that may be made to an entity.

''(f) DEFINITIONS.—For purposes of this section:

''(1) The term 'culturally competent', with respect to providing health-related services, means services that, in accordance with standards and measures of the Secretary, are designed to effectively and efficiently respond to the cultural and linguistic needs of patients.

''(2) The term 'appropriate follow-up care' includes palliative and end-of-life care.

''(3) The term 'health disparity population' means a population where there exists a significant disparity in the overall rate of disease incidence, morbidity, mortality, or survival rates in the population as compared to the health status of the general population. Such term includes—

''(A) racial and ethnic minority groups as defined in section 1707; and

''(B) medically underserved groups, such as rural and low-income individuals and individuals with low levels of literacy.

''(4)(A) The term 'patient navigator' means an individual whose functions include—

''(i) assisting and guiding patients with a symptom or an abnormal finding or diagnosis of cancer or other chronic disease within the health care system to accomplish the follow-up and diagnosis of an abnormal finding as well as the treatment and appropriate follow-up care of cancer or other chronic disease; and

''(ii) identifying, anticipating, and helping patients overcome barriers within the health care system to ensure prompt diagnostic and treatment resolution of an abnormal finding of cancer or other chronic disease.

''(B) Such term includes representatives of the target health disparity population, such as nurses, social workers, cancer survivors, and patient advocates.

''(g) AUTHORIZATION OF APPROPRIATIONS.—

''(1) IN GENERAL.—

''(A) MODEL PROGRAMS.—For the purpose of carrying out subsection (a) (other than the purpose described in paragraph (2)(A)), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2003 through 2007.

''(B) PATIENT NAVIGATORS.—For the purpose of carrying out subsection (b) (other than the purpose described in paragraph (2)(B)), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2003 through 2007.

''(C) BUREAU OF PRIMARY HEALTH CARE.—Amounts appropriated under subparagraph (A) or (B) shall be administered through the Bureau of Primary Health Care.

''(2) PROGRAMS IN RURAL AREAS.—

''(A) MODEL PROGRAMS.—For the purpose of carrying out subsection (a) by making grants under such subsection for model programs in rural areas, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2003 through 2007.

''(B) PATIENT NAVIGATORS.—For the purpose of carrying out subsection (b) by making

grants under such subsection for programs in rural areas, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2003 through 2007.

''(C) OFFICE OF RURAL HEALTH POLICY.—Amounts appropriated under subparagraph (A) or (B) shall be administered through the Office of Rural Health Policy.

''(3) RELATION TO OTHER AUTHORIZATIONS.—Authorizations of appropriations under paragraphs (1) and (2) are in addition to other authorizations of appropriations that are available for the purposes described in such paragraphs.''.

SEC. 4. NCI GRANTS FOR MODEL COMMUNITY CANCER AND CHRONIC DISEASE CARE AND PREVENTION; NCI GRANTS FOR PATIENT NAVIGATORS.

Subpart 1 of part C of title IV of the Public Health Service Act (42 U.S.C. 285 et seq.) is amended by adding at the end following section:

''SEC. 417D. MODEL COMMUNITY CANCER AND CHRONIC DISEASE CARE AND PREVENTION; PATIENT NAVIGATORS.

''(a) MODEL COMMUNITY CANCER AND CHRONIC DISEASE CARE AND PREVENTION.—

''(1) IN GENERAL.—The Director of the Institute may make grants to eligible entities for the development and operation of model programs that—

''(A) provide to individuals of health disparity populations prevention, early detection, treatment, and appropriate follow-up care services for cancer and chronic diseases;

''(B) ensure that the health services are provided to such individuals in a culturally competent manner; and

''(C) assign patient navigators, in accordance with applicable criteria of the Secretary, for individuals of health disparity populations to—

''(i) accomplish, to the extent possible, the follow-up and diagnosis of an abnormal finding and the treatment and appropriate follow-up care of cancer or other chronic disease; and

''(ii) facilitate access to appropriate health care services within the health care system to ensure optimal patient utilization of such services.

''(2) ELIGIBLE ENTITIES.—For purposes of this section, an eligible entity is a designated cancer cen-

ter of the Institute, an academic institution, a hospital, a nonprofit organization, or any other public or private entity determined to be appropriate by the Director of the Institute, that provides services described in paragraph (1)(A) for cancer or chronic diseases.

''(3) OUTREACH SERVICES.—A condition for the receipt of a grant under paragraph (1) is that the applicant involved agree to provide ongoing outreach activities while receiving the grant, in a manner that is culturally competent for the health disparity population served by the program, to inform the public of the services of the model program under the grant. Such activities shall include facilitating access to appropriate health care services and patient navigators within the health care system to ensure optimal patient utilization of these services.

''(4) APPLICATION FOR GRANT.—A grant may be made under paragraph (1) only if an application for the grant is submitted to the Director of the Institute and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Director determines to be necessary to carry out this section.

''(5) EVALUATIONS.—

''(A) IN GENERAL.—The Director of the Institute, directly or through grants or contracts, shall provide for evaluations to determine which outreach activities under paragraph (3) were most effective in informing the public of the model program services and to determine the extent to which such programs were effective in providing culturally competent services to the health disparity population served by the programs.

''(B) DISSEMINATION OF FINDINGS.—The Director of the Institute shall as appropriate disseminate to public and private entities the findings made in evaluations under subparagraph (A).

''(6) COORDINATION WITH OTHER PROGRAMS.—The Secretary shall coordinate the program under this subsection with the program under subsection (b), with the program under section 330I, and to the extent practicable, with programs for prevention centers that are carried out by the Director of the Centers for Disease Control and Prevention.

''(b) PROGRAM FOR PATIENT NAVIGATORS.—

''(1) IN GENERAL.—The Director of the Institute may make grants to eligible entities for the de-

velopment and operation of programs to pay the costs of such entities in—

"(A) assigning patient navigators, in accordance with applicable criteria of the Secretary, for individuals of health disparity populations for the duration of receiving health services from the health centers;

"(B) ensuring that the services provided by the patient navigators to such individuals include case management and psychosocial assessment and care or information and referral to such services;

"(C) ensuring that the patient navigators provide services to such individuals in a culturally competent manner; and

"(D) developing model practices for patient navigators, including with respect to—

"(i) coordination of health services, including psychosocial assessment and care;

"(ii) follow-up services, including psychosocial assessment and care; and

"(iii) determining coverage under health insurance and health plans for all services.

''(2) OUTREACH SERVICES.—A condition for the receipt of a grant under paragraph (1) is that the applicant involved agree to provide ongoing outreach activities while receiving the grant, in a manner that is culturally competent for the health disparity population served by the program, to inform the public of the services of the model program under the grant.

''(3) APPLICATION FOR GRANT.—A grant may be made under paragraph (1) only if an application for the grant is submitted to the Director of the Institute and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Director determines to be necessary to carry out this section.

''(4) EVALUATIONS.—

''(A) IN GENERAL.—The Director of the Institute, directly or through grants or contracts, shall provide for evaluations to determine the effects of the services of patient navigators on the health disparity population for whom the services were provided, taking into account the matters referred to in paragraph (1)(C).

''(B) DISSEMINATION OF FINDINGS.—The Director of the Institute shall as appropriate disseminate to public and private entities the findings made in evaluations under subparagraph (A).

''(5) COORDINATION WITH OTHER PROGRAMS.—The Secretary shall coordinate the program under this subsection with the program under subsection (a) and with the program under section 330I.

''(c) REQUIREMENTS REGARDING FEES.—A condition for the receipt of a grant under subsection (a)(1) or (b)(1) is that the program for which the grant is made have in effect—

''(1) a schedule of fees or payments for the provision of its services that is consistent with locally prevailing rates or charges and is designed to cover its reasonable costs of operation; and

''(2) a corresponding schedule of discounts to be applied to the payment of such fees or payments, which discounts are adjusted on the basis of the ability of the patient to pay.

''(d) MODEL.—Not later than three years after the date of the enactment of this section, the Director of the Institute shall develop a peer-reviewed model of systems

for the services provided by this section. The Director shall update such model as may be necessary to ensure that the best practices are being utilized.

''(e) DURATION OF GRANT.—The period during which payments are made to an entity from a grant under subsection (a)(1) or (b)(1) may not exceed five years. The provision of such payments are subject to annual approval by the Director of the Institute of the payments and subject to the availability of appropriations for the fiscal year involved to make the payments. This subsection may not be construed as establishing a limitation on the number of grants under such subsection that may be made to an entity.

''(f) DEFINITIONS.—For purposes of this section:

''(1) The term 'culturally competent', with respect to providing health-related services, means services that, in accordance with standards and measures of the Secretary, are designed to effectively and efficiently respond to the cultural and linguistic needs of patients.

''(2) the term 'appropriate follow-up care' includes palliative and end-of-life care.

''(3) the term 'health disparity population' means a population where there exists a significant disparity in the overall rate of disease incidence,

morbidity, mortality, or survival rates in the population as compared to the health status of the general population. Such term includes—

"(A) racial and ethnic minority groups as defined in section 1707; and

"(B) medically underserved groups, such as rural and low-income individuals and individuals with low levels of literacy.

"(4)(A) the term 'patient navigator' means an individual whose functions include—

"(i) assisting and guiding patients with a symptom or an abnormal finding or diagnosis of cancer or other chronic disease within the health care system to accomplish the follow-up and diagnosis of an abnormal finding as well as the treatment and appropriate follow-up care of cancer or other chronic disease; and

"(ii) identifying, anticipating, and helping patients overcome barriers within the health care system to ensure prompt diagnostic and treatment resolution of an abnormal finding of cancer or other chronic disease.

"(B) Such term includes representatives of the target health disparity population, such as nurses,

social workers, cancer survivors, and patient advocates.

''(g) AUTHORIZATION OF APPROPRIATIONS.—

''(1) MODEL PROGRAMS.—For the purpose of carrying out subsection (a), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2003 through 2007.

''(2) PATIENT NAVIGATORS.—For the purpose of carrying out subsection (b), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2003 through 2007.

''(3) RELATION TO OTHER AUTHORIZATIONS.—Authorizations of appropriations under paragraphs (1) and (2) are in addition to other authorizations of appropriations that are available for the purposes described in such paragraphs.''.

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